Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name BAPTIST HEALTH FLOYD Address 1850 STATE ST, NEW ALBANY IN 47150 | | | | | | Telephone Number 812-981-6546 502-896-5000 | Date of Inspection 10/29/2020 | ID# | |
|--|--|--|--|-----|--|---|-------------------------------------|----------------------------|--|
| Owner BAPTIST HEALTHCARE SYSTEM | | | | | | Purpose X Routine | Follow Up | Released 10/29/2020 | |
| Owner's Address 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40233 | | | | | | Follow-up Complaint | | | |
| Person in Charge SAM DECARLO | | | | | | Pre-Operational | | | |
| Responsible Person's Email MARK.TRUMAN@BHSI.COM | | | | | | TemporaryHACCP | Menu Type 1 2 3 | 4 <u>X</u> 5 | |
| Certified Food Handler SAM DECARLO | | | | | | Other (list) | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | | |
| Section # C | ction # C NC R Narrative To Be Corrected | | | | | | | | |
| 294 X | , , , | | | | | | | CTED | |
| bucket. 218 X Observed overhead leak in dairy walk-in of the control of the cont | | | | | | | | | |
| | | | | | | | | | |
| Summary of Violations C 1 NC 2 R 0 | | | | | | | | | |
| Received by (name and title printed): SAM DECARLO | | | | | | Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST | | | |
| Received by (signature): | | | | | | Inspected by (signature): | | | |
| cc: | | | | cc: | | | cc: | | |